

990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

*OMB No 1545-0047

2005

Open to Public
Inspection

A For the 2005 calendar year, or tax year beginning

and ending

B Check if applicable

Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization

Institute for Legal Reform

D Employer identification number

52-2109035

Number and street (or P O box if mail is not delivered to street address)

1615 H Street NW

Room/suite

E Telephone number

202-463-5590

City or town, state or country, and ZIP + 4

Washington, DC 20062

F Accounting method

 Cash Accrual Other (specify) ►

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

G Website ►www.legalreformnow.com

J Organization type (check only one) ► 501(c) (6) ◀ (insert no) 4947(a)(1) or 527K Check here ► if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ► 34436749 .

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ► N/A

H(c) Are all affiliates included? N/A Yes No
(If "No," attach a list)H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ► N/A

M Check ► if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received			
	a Direct public support	1a	33620255 .	
	b Indirect public support	1b	719457 .	
	c Government contributions (grants)	1c		
	d Total (add lines 1a through 1c) (cash \$ 34339712 . noncash \$)			34339712 .
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	1d		
	3 Membership dues and assessments	2		
	4 Interest on savings and temporary cash investments	3		
	5 Dividends and interest from securities	4		
	6 a Gross rents	5		
	b Less rental expenses	6a		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6b		
Expenses	7 Other investment income (describe ►)	6c		
	8 a Gross amount from sales of assets other than inventory	7		
	b Less cost or other basis and sales expenses			
	c Gain or (loss) (attach schedule)			
	d Net gain or (loss) (combine line 8c, columns (A) and (B))			
	9 Special events and activities (attach schedule) If any amount is from gaming, check here ► <input type="checkbox"/>			
	a Gross revenue (not including \$ of contributions reported on line 1a)	9a		
	b Less direct expenses other than fundraising expenses	9b		
	c Net income or (loss) from special events (subtract line 9b from line 9a)			
	10 a Gross sales of inventory, less returns and allowances	10a		
	b Less cost of goods sold	10b		
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			
Net Assets	11 Other revenue (from Part VII, line 103)	10c		
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	11	97037 .	
	13 Program services (from line 44, column (B))	12	34436749 .	
	14 Management and general (from line 44, column (C))	13		
	15 Fundraising (from line 44, column (D))	14		
	16 Payments to affiliates (attach schedule)	15		
	17 Total expenses (add lines 16 and 44, column (A))	16		
	18 Excess or (deficit) for the year (subtract line 17 from line 12)	17	30298602 .	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	18	4138147 .	
	20 Other changes in net assets or fund balances (attach explanation)	19	14068658 .	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	20	0 .	
		21	18206805 .	

523001
02-03-06 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2005)

16271106 351881 ILR

1 2005.05000 Institute for Legal Reform ILR 16271106 351881 ILR 4

Part II Statement of Functional Expenses		All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others			
		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I</i>					
22	Grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25 855601.			
26	Other salaries and wages	26 1390877.			
27	Pension plan contributions	27			
28	Other employee benefits	28 569306.			
29	Payroll taxes	29			
30	Professional fundraising fees	30 1000000.			
31	Accounting fees	31 20601.			
32	Legal fees	32			
33	Supplies	33 41337.			
34	Telephone	34 53598.			
35	Postage and shipping	35 37463.			
36	Occupancy	36			
37	Equipment rental and maintenance	37			
38	Printing and publications	38 31600.			
39	Travel	39 206848.			
40	Conferences, conventions, and meetings	40 82846.			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42			
43	Other expenses not covered above (itemize):				
a					
b					
c					
d					
e					
f					
g	See Statement 1	43g 26008525.			
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 30298602.			

Joint Costs. Check ► if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

► Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A, (ii) the amount allocated to Program services \$ N/A,

(iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

Form 990 (2005)

Part III | Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization.

- How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► See Statement 2

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)

a Create and maintain public support for legal reform, including building alliances with groups and organizations to advance the legal reform agenda.

(Grants and allocations \$

) If this amount includes foreign grants, check here ►

b Research on the impact of the legal system on the economy.

(Grants and allocations \$

) If this amount includes foreign grants, check here ►

c Ensure enactment of common sense legal reform legislation and promote the selection of pro-legal reform judges and other public officials.

(Grants and allocations \$

) If this amount includes foreign grants, check here ►

d

(Grants and allocations \$

) If this amount includes foreign grants, check here ►

e Other program services (attach schedule)

(Grants and allocations \$

) If this amount includes foreign grants, check here ►

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ►

Form 990 (2005)

Part IV Balance Sheets (See the Instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
	45 Cash - non-interest-bearing		45	
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47a 12184206.		
	b Less: allowance for doubtful accounts	47b	7360708.	47c 12184206.
	48 a Pledges receivable	48a 6186505.		
	b Less: allowance for doubtful accounts	48b 325000.	6706750.	48c 5861505.
	49 Grants receivable			49
	50 Receivables from officers, directors, trustees, and key employees			50
Assets	51 a Other notes and loans receivable Stmt 3	51a 2097037.		
	b Less: allowance for doubtful accounts	51b		51c 2097037.
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges		1200.	53 10.
	54 Investments - securities			54
	55 a Investments - land, buildings, and equipment. basis	55a		
	b Less: accumulated depreciation	55b		55c
	56 Investments - other			56
	57 a Land, buildings, and equipment: basis	57a		
	b Less: accumulated depreciation	57b		57c
	58 Other assets (describe ►)			58
	59 Total assets (must equal line 74). Add lines 45 through 58		14068658.	59 20142758.
Liabilities	60 Accounts payable and accrued expenses			60 1935953.
	61 Grants payable			61
	62 Deferred revenue			62
	63 Loans from officers, directors, trustees, and key employees			63
	64 a Tax-exempt bond liabilities			64a
	b Mortgages and other notes payable			64b
	65 Other liabilities (describe ►)			65
	66 Total liabilities. Add lines 60 through 65)		0.	66 1935953.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		6900658.	67 9922768.
	68 Temporarily restricted		7168000.	68 8284037.
	69 Permanently restricted			69
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds			70
	71 Paid-in or capital surplus, or land, building, and equipment fund			71
	72 Retained earnings, endowment, accumulated income, or other funds			72
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		14068658.	73 18206805.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		14068658.	74 20142758.

Form 990 (2005)

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the Instructions)

a Total revenue, gains, and other support per audited financial statements	a	35595094.
b Amounts included on line a but not on Part I, line 12	b1	
1 Net unrealized gains on investments	b2	
2 Donated services and use of facilities	b3	
3 Recoveries of prior year grants	b4	1158345.
4 Other (specify). Revenues from Affiliates		
Add lines b1 through b4	b	1158345.
c Subtract line b from line a	c	34436749.
d Amounts included on Part I, line 12, but not on line a:	d1	
1 Investment expenses not included on Part I, line 6b	d2	
2 Other (specify)		
Add lines d1 and d2	d	0.
e Total revenue (Part I, line 12). Add lines c and d	e	34436749.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a Total expenses and losses per audited financial statements	a	30949443.
b Amounts included on line a but not on Part I, line 17:	b1	
1 Donated services and use of facilities	b2	
2 Prior year adjustments reported on Part I, line 20	b3	
3 Losses reported on Part I, line 20	b4	650841.
4 Other (specify). Expenses from Affiliates		
Add lines b1 through b4	b	650841.
c Subtract line b from line a	c	30298602.
d Amounts included on Part I, line 17, but not on line a:	d1	
1 Investment expenses not included on Part I, line 6b	d2	
2 Other (specify)		
Add lines d1 and d2	d	0.
e Total expenses (Part I, line 17) Add lines c and d	e	30298602.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the Instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Thomas Donohue 1615 H ST NW Washington, DC 20062	Chief Executive Officer			
	1.00	0.	0.	0.
Stan Anderson 1615 H ST NW Washington, DC 20062	Chief Operating Officer			
	20.00	0.	0.	0.
Lisa Rickard 1615 H ST NW Washington, DC 20062	President			
	40.00	838413.	17188.	0.
Stan Harrell 1615 H ST NW Washington, DC 20062	Treasurer			
	1.00	0.	0.	0.
Judy Richmond 1615 H ST NW Washington, DC 20062	Secretary			
	1.00	0.	0.	0.
Robin Conrad 1615 H ST NW Washington, DC 20062	Assistant Secretary			
	1.00	0.	0.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Yes **No**

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ► 37

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? See Statement 5

Note. Related organizations include section 509(a)(3) supporting organizations.
If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization

d Does the organization have a written conflict of interest policy? 75d X

Part V-B | Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other

Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Part VI Other Information (See the instructions)

| Yes | No |

<p>76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity</p> <p>77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.</p> <p>78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?</p> <p>b If "Yes," has it filed a tax return on Form 990-T for this year?</p> <p>79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement</p> <p>80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?</p> <p>b If "Yes," enter the name of the organization ► <u>See Statement 4</u></p>	<p>76 X</p> <p>77 X</p> <p>78a N/A</p> <p>78b</p> <p>79 X</p> <p>80a X</p> <p>81a 1715596 .</p> <p>81b X</p>
<p>81 a Enter direct or indirect political expenditures (See line 81 instructions)</p> <p>b Did the organization file Form 1120-POL for this year?</p>	

and check whether it is exempt or nonexempt.

81 a Enter direct or indirect political expenditures (See line 81 instructions)

b Did the organization file Form 1120-POL for this year?

523161/02-03-06

Form 990 (2005)

Part VI Other Information (continued)

		Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82b	N/A	
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	X	
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a		X
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b		X
c Dues, assessments, and similar amounts from members	85c	34289005.	
d Section 162(e) lobbying and political expenditures	85d	18823450.	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	19953403.	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	-1129953.	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A	
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87 501(c)(12) organizations Enter: a Gross income from members or shareholders	87a	N/A	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A	
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X	
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ► N/A , section 4912 ► N/A , section 4955 ► N/A	89b	N/A	
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		N/A	
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		► N/A	
d Enter Amount of tax on line 89c, above, reimbursed by the organization		► N/A	
90 a List the states with which a copy of this return is filed ► DC			
b Number of employees employed in the pay period that includes March 12, 2005	90b	0	
91 a The books are in care of ► Stan M Harrell Telephone no ► 202-463-5590 Located at ► 1615 H ST NW, Washington, DC ZIP + 4 ► 20062			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ► N/A	91c		X
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year		► 92	N/A

Form 990 (2005)

Part VII Analysis of Income-Producing Activities (See the instructions)

Note: Enter gross amounts unless otherwise indicated.

93 Program service revenue

- a _____
- b _____
- c _____
- d _____
- e _____

f Medicare/Medicaid payments**g Fees and contracts from government agencies****94 Membership dues and assessments****95 Interest on savings and temporary cash investments****96 Dividends and interest from securities****97 Net rental income or (loss) from real estate:****a debt-financed property****b not debt-financed property****98 Net rental income or (loss) from personal property****99 Other investment income****100 Gain or (loss) from sales of assets****other than inventory****101 Net income or (loss) from special events****102 Gross profit or (loss) from sales of inventory****103 Other revenue:****a Interest on loan****b receivable****c****d****e****104 Subtotal (add columns (B), (D), and (E))****105 Total (add line 104, columns (B), (D), and (E))****Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.****Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)**

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)				

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
Madison County	%	Newspaper		
Record - 301 N Main	%	publishing on legal		
St, Edwardsville, IL	%	reform issues		
62025 - 20-1452063	100%		86893.	16803.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge				
	Stan M. Harrell	11/15/06	Stan M Harrell, SVP, CFO & CIO		
	Signature of officer	Date	Type or print name and title		
Paid Preparer's Use Only 523163 02-03-06	Preparer's signature Firm's name (or yours if yours if self-employed), address, and ZIP + 4 5451 Lakeview Parkway South Drive Indianapolis, IN 46268	Date 11-13-06	Check if self-employed ► <input type="checkbox"/>	Preparer's SSN or PTIN EIN ►	Phone no ► 317-280-3472

Form 990

Other Expenses

Statement 1

Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
Advertising	3456009.			
Research consulting	2097220.			
Policy consulting	9446711.			
Administrative support services	154611.			
Contributions to others	7931185.			
Contributions to affiliates	2501590.			
Temp salaries	58199.			
Bad debt expense	363000.			
Total to Fm 990, ln 43	26008525.			

Form 990 Statement of Organization's Primary Exempt Purpose Statement 2
 Part III

Explanation

Promotes civil justice reform through legislative, political, judicial, and educational activities at both the national and local levels.

Form 990

Other Notes and Loans Reported Separately

Statement 3

Borrower's NameTerms of RepaymentChamber of Commerce of
the USA

Payable on demand

Date of Note	Maturity Date	Original Loan Amount	Interest Rate	FMV of Consideration
03/04/05		0.	6.89%	2097037.

Security Provided by BorrowerPurpose of Loan

Available line of credit from
Mercantile Safe Deposit and
Trust Company

Working Capital Line of
Credit at Libor plus
2.5% 12/31 rate 6.89%

Relationship of Borrower	Description of Consideration	Doubtful Acct Allowance	Balance Due
Affiliate with common management	Cash \$2,097,037	0.	2097037.
Totals included on Form 990, Part IV, line 51		0.	2097037.

Form 990

Identification of Related Organizations
Part VI, Line 80b

Statement 4

Name of OrganizationExemptNonExempt

National Chamber Litigation Center	X
National Chamber Foundation	X
Chamber of Commerce of the USA	X
Center for Workforce Preparation	X
Coalition for Reform	X
US Chamber Foundation for Legal Reform	X
Business Civic Leadership Center	X
National Mass Action Defense Reform Coalition	X
Madison County Record	X

Form 990

Part V-A Officer Compensation from
Related Organizations

Statement 5

Officer's Name	Compensation	Employee Benefit Plan Contribution	Expense Account
Thomas Donohue	2118727.	18607.	0.
Name of Related Organization		Employer ID Number	
Chamber of Commerce of the USA		53-0045720	
Relationship Between Organizations			
Affiliate with common management			
Compensation Description			

Officer's Name	Compensation	Employee Benefit Plan Contribution	Expense Account
Stan Anderson	200000.	0.	0.
Name of Related Organization		Employer ID Number	
Chamber of Commerce of the USA		53-0045720	
Relationship Between Organizations			

Affiliate with common management

Compensation Description

The US Chamber of Commerce paid \$725,007 to McDermott, Will & Emery, PO Box 7247-6751, Philadelphia, PA 19170-6751 and \$50,000 to Global USA Inc. 2121 K St NW, Suite 650, Washington, DC 20037 for various services provided by this individual and other support. The organization is not privy to the exact amount of the compensation paid to the individual.

Officer's Name

Stan Harrell

Name of Related Organization

Chamber of Commerce of the USA

Relationship Between Organizations

Affiliate with common management

Compensation Description

Employee Benefit Plan Contribution	Expense Account
Compensation	390123.
	20998.
	0.

Employer ID Number

53-0045720

Officer's Name

Judy Richmond

Name of Related Organization

Chamber of Commerce of the USA

Relationship Between Organizations

Affiliate with common management

Compensation Description

<u>Compensation</u>	Employee Benefit Plan Contribution	<u>Expense Account</u>
157620.	8185.	0.

<u>Employer ID Number</u>	
53-0045720	

Officer's Name	Compensation	Employee Benefit Plan Contribution	Expense Account
Robin Conrad	222361.	14663.	0.
Name of Related Organization	Employer ID Number		
National Chamber Litigation Center	52-1085809		
Relationship Between Organizations			
Affiliate with common management			
Compensation Description			

**Institute For Legal Reform
Statement 6
Form 990 Part VI Item 90b
EIN: 52-2109035**

Have consolidated payroll where all employees are employees of an affiliated organization, the Chamber of Commerce of the USA. The salaries expense is the portion chargeable to ILR.

OFFICERS AND DIRECTORS
U.S. CHAMBER INSTITUTE FOR LEGAL REFORM
December 31, 2005

Officers

Mr. Samuel K. Skinner, Chairman

Directors

Mr. Patrick S. Baird
Mr. Andrew A. Barnard
Mr. Charles Barr
Mr. Steve Bartlett
Mr. James B. Buda
Mr. Nicholas E. Calio
Mr. John Castellani
Mr. Brackett B. Denniston III
Mr. John J. Degnan
Mr. Dwight Evans
Mr. Charles W. Gerdts, III
Thomas M. Gorrie, Ph.D.
Mr. Thomas A. Gottschalk
Mr. Gerald M. Howard
Mr. Louis L. Hoynes
Mr. Thomas D. Hyde
Mr. Francis A. Keating II
Mr. Jeffrey B. Kindler
Mr. Kent Knutson
Ms. Connie Lewis-Lensing
Mr. David J. Lubben
Michael Maves, M.D.
Mr. Timothy J. Mayopoulos
Mr. Robert W. Pike
Mr. L. I. Prillaman
Mr. Edward B. Rust, Jr.
Mr. Arthur Ryan
Ms. Laura J. Schumacher
Mr. D. Bruce Sewell
Mr. Samuel K. Skinner
Ms. Mary H. Terzino
Mr. Lee M. Thomas
Mr. Mark Treanor
Mr. James Turley

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Form 8868 (Rev. 12-2004)

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box ► Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.

Type or print	Name of Exempt Organization Institute for Legal Reform	Employer identification number 52-2109035
File by the extended due date for filing the return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 1615 H Street NW	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Washington, DC 20062	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 4720	

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ► Stan Harrell
Telephone No. ► (202) 463-5590 FAX No. ► (202) 463-5311
- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until November 15, 2006
- 5 For calendar year 2005, or other tax year beginning _____, 20_____, and ending _____, 20_____
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension. We need additional time to gather the required information to file a complete and accurate return.

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions _____ \$ _____
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 _____ \$ _____
- c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. _____ \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► Stan M. Harrell Title ► SVP, CFO & CIO Date ► Blueline

Notice to Applicant—To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____

By _____

Director

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name _____
	Number and street (include suite, room, or apt. no.) or a P.O. box number _____
	City or town, province or state, and country (including postal or ZIP code) _____

